

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/03/2015
NAME OF PROVIDER OR SUPPLIER JONAS RIDGE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 8051 HWY 181 JONAS RIDGE, NC 28641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report of Follow-up Survey by Dennis Harrell on 8-3-2015. Some deficiencies were not corrected. Further action is required.	(C 000)	CONSTRUCTION SECTION OCT 01 2015 RECEIVED	
(C 101)	Existing Licensed Fac- No less than 71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation the facility did not meet the NC State Building Code as relates to storage and fire separations. Improper storage could allow a fire to spread beyond the room of origin. Findings include: Rooms 13 and 40, which are much larger than 100 sq. feet and were originally intended to be a bedrooms, are now being used for combustible storage. The rooms are separated from the corridor by only 1 1/2" thick solid wood doors	(C 101) .0300 10A NCAC 13F.0301	Room #13 HAS BEEN CLEARED OF ALL EXTRA STORAGE AND IS BEING USED ONLY AS A BEDROOM FOR SINGLE OCCUPANCY. Room #40 HAS BEEN CLEARED OF EXTRA COMBUSTIBLE STORAGE AND NOW MEETS REGULATION STANDARDS FOR BEDROOM STORAGE.	9-10-15 9-28-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jeffrey D. Hudson

ADMINISTRATOR

ADMINISTRATOR

DATE

9/29/15

STATE FORM

6882

HYPW22

If continuation sheet 1 of 5

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NAME OF PROVIDER OR SUPPLIER JONAS RIDGE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9061 HWY 181 JONAS RIDGE, NC 28641		
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{C 101}	Continued From page 1 without closers. Because of the recent change of use of these rooms to storage rooms, the provisions of the current NC State Building Code must apply. *Table 508.2.5 of the 2012 NC State Building Code requires that storage rooms, larger than 100 square feet in Institutional Unrestrained occupancies must be sprinkler protected and separated from the remainder of the facility by a 1 hour fire resistance rated fire barrier constructed in accordance with Section 707. *Section 707.5 states that fire barrier walls must extend continuously from the top of the floor to the bottom of the roof deck. *Section 707.6 requires that openings for doors shall be protected in accordance with Section 715. *Table 715.4 requires that doors in 1 hour fire barriers must be a minimum of ¾ hour fire rated and equipped with closers. Finding on 9-3-2015: Room 40 is still being used for too much combustible storage.	{C 101}		
{C 106}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 2. Based on observation there was a hasp and padlock on the closet door in room 40. Latching	{C 106}		

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(C 186)	Continued From page 2 hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room.	(C 186)	The hasp and padlock were removed from the closet door, and the rest of the building was inspected and no other locks or hasp found.	9-26-15
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to be maintained in a safe and operating condition because of cross-corridor smoke and fire doors not closing and/or not latching when closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The cross-corridor doors near the Dining room are equipped with latching hardware. When the doors were activated by the fire alarm system one door failed to close and latch because it was dragging on the floor. b. The cross-corridor doors near room 17 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, one door failed to latch closed.	(C 189)	a) The latching hardware on the door was removed, cleaned, reinstalled, and readjusted to close completely and not drag the floor. b) Due to inconsistent closing speeds, the hydraulic door closer will be replaced and readjusted. COMPLETED 9-28-15	9-26-15 9-28-15

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{C 189}	Continued From page 3 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire-rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: b. Holes in wall and ceiling in mechanical room near room 19, c. Hole in ceiling in room 5, e. Holes in walls in pantry.	{C 189}	All holes will be sealed with a UL approved fire chaulk to regain the one hour fire rating in locations b, c, and e. COMPLETED 9-28-15	9-28-15
{C 189}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.	{C 189}	After a failed, and short lived attempt to repair the exhaust fan. It is now going to be replaced with a unit to maintain proper Ventilation. COMPLETED 9-28-15	9-28-15

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{C 199}	Continued From page 4 Findings include; The exhaust fan was not working in the 1/2 bathroom near room 20.	{C 199}	FACILITY WILL PUT IN PLACE QA PROGRAM TO ENSURE THAT DEFICIENT PRACTICES IN ABOVE RULE AREAS, DO NOT RECUR, AND THAT OTHER AREAS OF FACILITY ARE MONITORED TO ENSURE THAT ANY ISSUES ARE ADDRESSED IN A TIMELY MANNER. ADMINISTRATOR WILL HOLD A WEEKLY MEETING WITH DEPARTMENT HEADS TO ADDRESS REPORTS OF ANY COMPLAINTS OR PROBLEMS IN THESE AREAS. WILL ASK RESIDENTS TO REPORT ANY ISSUES OBSERVED TO ADMINISTRATOR, AND OR IN MONTHLY RESIDENTS COUNCIL MEETING. ADMINISTRATOR WILL DO PERIODIC WALK THROUGH INSPECTIONS OF FACILITY TO STAY ON TOP OF OR PREVENT, IF POSSIBLE, ANY OTHER PROBLEMS IN ABOVE RULE AREAS.	9-28-15	